

EPA United States Environmental Protection Agency Washington, DC 20460 Work Assignment						Work Assignment Number 2-27				
						<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000002				
Contract Number EP-D-14-032			Contract Period 09/16/2014 To 09/15/2017			Title of Work Assignment/SF Site Name				
			Base Option Period Number 2			BenMAP-CE-INTERNATIONAL				
Contractor INDUSTRIAL ECONOMICS, INCORPORATED					Specify Section and paragraph of Contract SOW 12, 14					
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input checked="" type="checkbox"/> Work Plan Approval					Period of Performance From 09/16/2016 To 09/15/2017					
Comments: The revised work plan dated 11/22/2016 has been reviewed and is hereby approved for an additional 17 hours and \$3,895.66 (cumulative increase: LOE/1,403; Cost_Fee/\$199,337.02). No previously performed work shall be duplicated.										
<input type="checkbox"/> Superfund					Accounting and Appropriations Data					<input checked="" type="checkbox"/> Non-Superfund
SFO <input type="checkbox"/> (Max 2) Note: To report additional accounting and appropriations date use EPA Form 1900-69A.										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:		\$195,441.36		LOE:		1386		
09/16/2014 To 09/15/2017										
This Action:				\$3,895.66				17		
Total:				\$199,337.02				1,403		
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:		11/22/2016		Cost/Fee		\$3,895.66		LOE: 17		
Cumulative Approved:				Cost/Fee		\$199,337.02		LOE: 1,403		
Work Assignment Manager Name Neal Fann						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number: 919-541-0209				
						FAX Number:				
Project Officer Name Carolyn Blake						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number: 919-541-5256				
						FAX Number:				
Other Agency Official Name						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number:				
						FAX Number:				
Contracting Official Name Natalia Fisher-Jackson						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number: 919-541-3564				
						FAX Number:				